



HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2009
OF THE CONDITION AND AFFAIRS OF THE

Nighborhood Health Plan of Rhode Island

NAIC Group Code00000000, NAIC Company Code95402Employer's ID Number05-0477052

Organized under the Laws ofRhode Island, State of Domicile or Port of EntryRhode Island

Country of DomicileUnited States

Licensed as business type: Life, Accident & Health []Property/Casualty []Dental Service Corporation []
Vision Service Corporation []Other []Health Maintenance Organization [X]
Hospital, Medical & Dental Service or Indemnity []Is HMO, Federally Qualified? Yes [] No [X]

Incorporated/Organized12/09/1993Commenced Business12/01/1994

Statutory Home Office299 Promenade St, Providence, RI 02908

Main Administrative Office299 Promenade St, Providence, RI 02908401-459-6000

Mail Address299 Promenade St, Providence, RI 02908

Primary Location of Books and Records299 Promenade St, Providence, RI 02908401-459-6124

Internet Website Addresshttp://www.nhpri.org/

Statutory Statement ContactGlenn Wang, 401-459-6124, gwang@nhpri.org, 401-459-6043

OFFICERS

Name	Title	Name	Title
Mark Reynolds	Chief Executive Officer	Thomas Clark Phillip Jr. CPA	Chief Financial Officer
Leon McTyeire Johnston MD	Chief Medical Officer	Nancy Coburn	Chief Operating Officer

OTHER OFFICERS

Raymond Joseph Lavoie Jr.	Chairman	Maria Montanaro	Vice Chairman
Brenda Dowlatshahi	Secretary	Merrill Thomas #	Treasurer

DIRECTORS OR TRUSTEES

Maria Montanaro	William Hochstrasser-Walsh	Merrill Thomas	James Hooley
Brenda Dowlatshahi	Raymond Joseph Lavoie JR	Darrell A. Lee	Jane Hayward
Dennis Michael Roy	Mark Reynolds	Peter Bancroft	Pablo Rodriguez M.D.
M. Lamin Sarr	Doris De Los Santos #		

State ofRhode Island.
County of

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Mark ReynoldsChief Executive OfficerThomas Clark Phillip Jr. CPAChief Financial OfficerLeon McTyeire Johnston MDChief Medical Officer

Subscribed and sworn to before me this day of, a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number
2. Date filed
3. Number of pages attached

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

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ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Neighborhood Health Plan of Rhode Island

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
RHODE ISLAND HOSPITAL.....	2,550,656	8,932	2,650	1,496	3,530	2,567,264
WOMEN & INFANTS.....	1,718,614	8,212	478	(470)	(4,602)	1,722,232
KENT COUNTY MEMORIAL HOSPITAL.....	576,409	18,251			524	595,184
ST JOSEPH HOSPITAL OF RHODE ISLAND.....	424,489	55,064			388	479,942
MIRIAM HOSPITAL.....	340,936	452	(16)		165	341,536
ROGER WILLIAMS HOSPITAL.....	277,697	11,322				289,019
NEWPORT HOSPITAL.....	135,450	(617)			(281)	134,553
SOUTH COUNTY HOSPITAL.....	97,803	265			49	98,117
MEMORIAL HOSPITAL OF RHODE ISLAND.....	69,065	13,256	2,505		(10,421)	74,405
NRI.....		54,197				54,197
THE WESTERLY HOSPITAL.....	32,248					32,248
UNIVERSITY EMERGENCY MEDICINE.....	17,324	133	1,870	144	(240)	19,231
BRIGHAM & WOMENS HOSPITAL.....		18,588				18,588
LANDMARK MEDICAL CENTER.....	17,949	493				18,442
WOMEN CARE SERVICES OF RI.....		16,819				16,819
MASS EYE AND EAR INFIRMARY.....		12,977				12,977
MAXIM HEALTHCARE SERVICES INC.....		12,554	200	240	(840)	12,154
0199999 Individually listed claims unpaid.....	6,258,640	230,899	7,687	1,410	(11,727)	6,486,908
0299999 Aggregate accounts not individually listed-uncovered.....						0
0399999 Aggregate accounts not individually listed-covered.....	141,096	117,178	4,845	(18,924)	(22,497)	221,697
0499999 Subtotals.....	6,399,735	348,077	12,532	(17,515)	(34,224)	6,708,605
0599999 Unreported claims and other claim reserves.....						31,888,657
0699999 Total amounts withheld.....						
0799999 Total claims unpaid.....						38,597,262
0899999 Accrued medical incentive pool and bonus amounts.....						4,508,553

Exhibit 5 - Amounts Due From Parent, Subs

NONE

Exhibit 6 - Amounts Due To Parent, Subs

NONE

EXHIBIT 7 PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

[illegible]

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	629,820		304,629	325,191	325,191	0
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	629,820	0	304,629	325,191	325,191	0



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Neighborhood Health Plan of Rhode Island

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Neighborhood Health Plan of Rhode Island 2. (LOCATION)

NAIC Group Code	0000	BUSINESS IN THE STATE OF Rhode Island		DURING THE YEAR 2009				NAIC Company Code		95402
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	74,680								74,680	
2. First Quarter	74,910								74,910	
3. Second Quarter	76,216								76,216	
4. Third Quarter	77,381								77,381	
5. Current Year	80,647								80,647	
6. Current Year Member Months	922,359								922,359	
Total Member Ambulatory Encounters for Year:										
7. Physician	144,490								144,490	
8. Non-Physician	292,196								292,196	
9. Total	436,686	0	0	0	0	0	0	0	436,686	0
10. Hospital Patient Days Incurred	36,401								36,401	
11. Number of Inpatient Admissions	10,479								10,479	
12. Health Premiums Written (b).....	337,045,189								337,045,189	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	337,045,189								337,045,189	
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	319,960,630								319,960,630	
18. Amount Incurred for Provision of Health Care Services	316,501,176								316,501,176	

(a) For health business: number of persons insured under PPO managed care products and number of persons under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$



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REPORT FOR: 1. CORPORATION Neighborhood Health Plan of Rhode Island 2. (LOCATION)

NAIC Group Code	0000	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2009				NAIC Company Code		95402
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	74,680	0	0	0	0	0	0	0	74,680	0
2. First Quarter	74,910	0	0	0	0	0	0	0	74,910	0
3. Second Quarter	76,216	0	0	0	0	0	0	0	76,216	0
4. Third Quarter	77,381	0	0	0	0	0	0	0	77,381	0
5. Current Year	80,647	0	0	0	0	0	0	0	80,647	0
6. Current Year Member Months	922,359	0	0	0	0	0	0	0	922,359	0
Total Member Ambulatory Encounters for Year:										
7. Physician	144,490	0	0	0	0	0	0	0	144,490	0
8. Non-Physician	292,196	0	0	0	0	0	0	0	292,196	0
9. Total	436,686	0	0	0	0	0	0	0	436,686	0
10. Hospital Patient Days Incurred	36,401	0	0	0	0	0	0	0	36,401	0
11. Number of Inpatient Admissions	10,479	0	0	0	0	0	0	0	10,479	0
12. Health Premiums Written (b).....	337,045,189	0	0	0	0	0	0	0	337,045,189	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned.....	337,045,189	0	0	0	0	0	0	0	337,045,189	0
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	319,960,630	0	0	0	0	0	0	0	319,960,630	0
18. Amount Incurred for Provision of Health Care Services	316,501,176	0	0	0	0	0	0	0	316,501,176	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 0

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ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Neighborhood Health Plan of Rhode Island

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

[illegible]

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Ω

Reinsurance Ceded to Unauthorized Companies

[illegible]

Schedule S-Part 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2009	2 2008	3 2007	4 2006	5 2005
A. OPERATIONS ITEMS					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	1,058	1,017	951	1,563	1,063
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....	2,997	1,021	782	1,097	363
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable.....	611	670	0	0	0
8. Reinsurance recoverable on paid losses.....	1,068	151	487	123	219
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances unpaid.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F).....	0	0	0	0	0
13. Letters of credit (L).....	0	0	0	0	0
14. Trust agreements (T).....	0	0	0	0	0
15. Other (O)	0	0	0	0	0

SCHEDULE S-PART 6
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10).....	98,016,920		98,016,920
2. Accident and health premiums due and unpaid (Line 13).....	2,061,074		2,061,074
3. Amounts recoverable from reinsurers (Line 14.1).....	1,068,456		1,068,456
4. Net credit for ceded reinsurance.....	XXX	1,679,931	1,679,931
5. All other admitted assets (Balance).....	7,195,028		7,195,028
6. Total assets (Line 26)	108,341,478	1,679,931	110,021,409
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	37,985,787	611,475	38,597,262
8. Accrued medical incentive pool and bonus payments (Line 2).....	4,508,553		4,508,553
9. Premiums received in advance (Line 8).....	27,613,318		27,613,318
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17).....	0		0
11. Reinsurance in unauthorized companies (Line 18).....	0		0
12. All other liabilities (Balance).....	19,419,954		19,419,954
13. Total liabilities (Line 22).....	89,527,612	611,475	90,139,087
14. Total capital and surplus (Line 31).....	18,813,866	XXX	18,813,866
15. Total liabilities, capital and surplus (Line 32)	108,341,478	611,475	108,952,953
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid.....	611,475		
17. Accrued medical incentive pool.....	0		
18. Premiums received in advance	0		
19. Reinsurance recoverable on paid losses	1,068,456		
20. Other ceded reinsurance recoverables	0		
21. Total ceded reinsurance recoverables	1,679,931		
22. Premiums receivable	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24. Unauthorized reinsurance	0		
25. Other ceded reinsurance payables/offsets	0		
26. Total ceded reinsurance payables/offsets	0		
27. Total net credit for ceded reinsurance	1,679,931		

Schedule T - Part 2

NONE

Schedule Y - Part 2

NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

- | | Responses |
|---|---------------|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? |YES..... |
| 2. Will an actuarial opinion be filed by March 1? |YES..... |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? |YES..... |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? |YES..... |

APRIL FILING

- | | |
|--|---------------|
| 5. Will Management's Discussion and Analysis be filed by April 1? |YES..... |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? |YES..... |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? |YES..... |

JUNE FILING

- | | |
|--|---------------|
| 8. Will an audited financial report be filed by June 1? |YES..... |
| 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? |YES..... |

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

- | | |
|--|--------------|
| 10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? |NO..... |
| 11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? |NO..... |
| 12. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? |NO..... |
| 13. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? |NO..... |
| 14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? |NO..... |
| 15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatories 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? |NO..... |
| 16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? |NO..... |






APRIL FILING

- | | |
|---|--------------|
| 17. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? |NO..... |
| 18. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? |NO..... |
| 19. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? |NO..... |






EXPLANATION:

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BAR CODE:

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| 10. | 
9 5 4 0 2 2 0 0 9 3 6 0 5 9 0 0 0 |
| 11. | 
9 5 4 0 2 2 0 0 9 2 0 5 0 0 0 0 0 |
| 12. | 
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| 13. | 
9 5 4 0 2 2 0 0 9 4 2 0 0 0 0 0 0 |
| 14. | 
9 5 4 0 2 2 0 0 9 3 7 1 0 0 0 0 0 |

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

15.	 9 5 4 0 2 2 0 0 9 3 7 0 0 0 0 0 0
16.	 9 5 4 0 2 2 0 0 9 3 6 5 0 0 0 0 0
17.	 9 5 4 0 2 2 0 0 9 3 0 6 0 0 0 0 0
18.	 9 5 4 0 2 2 0 0 9 2 1 1 5 9 0 0 0
19.	 9 5 4 0 2 2 0 0 9 2 1 3 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

M002 Additional Aggregate Lines for Page 02 Line 23.
*ASSETS - Assets

	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 – 2)	Net Admitted Assets
2304. Other Receivable - Providers.....			0	201,575
2397. Summary of remaining write-ins for Line 23 from Page 2	0	0	0	201,575

M004 Additional Aggregate Lines for Page 04 Line 6.
*REVEX1 - Statement of Revenue and Expenses

	1 Uncovered	2 Total	3 Total
0604. Pharmacy Rebates.....	XXX		543,421
0697. Summary of remaining write-ins for Line 6 from Page 04	XXX	0	543,421

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